PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-00:

Fee Paid (\$)

Fees Paid (\$)

10/667,529

Approved for use through 01/31/2007. OMB 0651-0032
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Effective on 12/08/2004.

Complete if Known

Application Number

bursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

APPLICATION SIZE FEE

Total Sheets

4. OTHER FEE(S)

FEE IRANSWILLAL				Filing Date		September 22, 20	003	
For FY 2006				First Named Inv	entor [Marc E. SURETTE		
	*** -1-4	0 07 050 4 07	$\dashv \sqcap$	Examiner Name	։ [լ	aura L. McGiller	m	
Applicant claims small e	entity stat	us. See 37 CFR 1.27		Art Unit	1	636		
TOTAL AMOUNT OF PAYM	ENT ((\$) 225		Attorney Docket	No.	3009-P02297US	2	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 04-1406 Deposit Account Name: DannDorfmanHerrellandSkil								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any ad under 37 CFR	ditional fo	ee(s) or underpayments o	of fee(s) Credit	any ove	payments		
WARNING: Information on this	form may	become public. Credit car	d infor	mation should no	ot be inclu	ided on this form. P	rovide credit card	
information and authorization of	n PTO-20	38.						
FEE CALCULATION								
1. BASIC FILING, SEAR					=><-			
	FILING	G FEES SE Small Entity		H FEES Small Entity	EXAM	INATION FEES Small Entity		
Application Type	Fee (\$)		e (\$)	Fee (\$)	Fee (Fees Paid (\$)	
Utility	300	150 50	00	250	200	100		
Design	200	100	00	50	130	65		
Plant	200	100 30	00	150	160	80		
Reissue	300	150 50	00	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
7 - 20 or HP = 0 x = 0						Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
	HP = highest number of independent claims paid for, if greater than 3.							

Other (e.g.			
SUBMITTED BY		1	
Signature	Patrick J.	Registration No. (Attorney/Agent) 27,643	Telephone 215-563-4100
Name (Print/Type)	Patrick J. Hagan		Date November 1, 2006

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

(round up to a whole number)

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 03 2006 W

RESPONSE UNDER 37 C.F.R. §1.116 EXPEDITED PROCEDURE

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

: Examiner: Laura L. McGillem

Marc E. SURETTE

: Group Art Unit: 1636

Application No. 10/667,529

: Attorney Docket No.: 3009-P02297US2

Filing Date: September 22, 2003

:

For: COMPOSITION AND METHOD FOR : TREATMENT OIF HYPERTRIGLYCERIDEMIA :

Certificate of Mailing Under 37 C.F.R. §1.8(a):

I hereby certify that this correspondence is being deposited on <u>November 1, 2006</u> with the United States Postal Service as first-class mail in an envelope properly addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Tina M. Doyle

Petition for Extension of Time Under 37 C.F.R. §1.136(a):

The undersigned hereby petitions for an extension of time of <u>TWO (2)</u> months beyond the time period set in the last Office Action. A check in the amount of <u>\$225</u> to cover this fee is enclosed. Please charge any deficiency or credit any overpayment to Deposit Account No. 04-1406. A duplicate copy of this paper is enclosed to credit or debit such charging.

Patrick J. Hagan

Attorney for Applicant(s) Registration No. 27,643

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. §1.116

Dear Sir:

11/03/2006 CNEGA1 00000058 10667529

01 FC:2252

225.00 OP

Applicant respectfully requests favorable reconsideration and allowance of

claims 8-14 of this application for the reasons presented in the following remarks.